

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003272

1. Entity Name  
NED-JOHN, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business  
1611 GALLEON DRIVE  
NAPLES FL 34102

Mailing Address  
1611 GALLEON DRIVE  
NAPLES FL 34102

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

#06-1540235

4. FEI Number **APPLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GT CORPORATION SYSTEM~~ NED C. LAUTENBACH  
~~1200 SOUTH PINE ISLAND ROAD~~ 1611 Galleon Drive  
~~PLANTATION FL 33324~~ Naples, FL 34102

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Ned C. Lautenbach* 7-28-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME LAUTENBACH, NED  
STREET ADDRESS 1611 GALLEON DRIVE  
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ned C. Lautenbach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-28-00 (212)  
Date Daytime Phone # 407-5295

CR2E083 (5/00)